

Appendix D

Vaccine Injury Compensation Program (VICP)

The VICP is a no-fault alternative to the traditional tort system for resolving vaccine injury claims. It was established as part of the National Childhood Vaccine Injury Act of 1986, after lawsuits against vaccine manufacturers and healthcare providers threatened to cause vaccine shortages and reduce vaccination rates. It provides compensation to people found to be injured by certain vaccines.

The VICP is administered jointly by the U.S. Department of Health and Human Services (HHS), the U.S. Court of Federal Claims (the Court), and the U.S. Department of Justice (DOJ). The VICP is located in the HHS, Health Resources and Services Administration (HRSA), Healthcare Systems Bureau, Division of Vaccine Injury Compensation.

Who can file a petition?

According to the Health Resources and Services Administration of HHS, a person may file a petition if they:

- received a vaccine covered by the VICP and believe that they have been injured by this vaccine
- are a parent or legal guardian of a child or disabled adult who received a covered vaccine and who they believe was injured by this vaccine
- are the legal representative of the estate of a deceased person who received a covered vaccine and who they believe was injured by the vaccine and/or whose death they believe resulted from the vaccine injury

You may file a petition regardless of age and United States citizenship. The covered vaccine must have been given in the United States or its territories with few exceptions. To learn more about exceptions, see the VICP website (<https://www.hrsa.gov/vaccine-compensation/eligible/index.html>).

In addition, to be eligible to file a claim, the effects of the person's injury must have:

1. lasted for more than 6 months after the vaccine was given; or
2. resulted in a hospital stay **and** surgery; or
3. resulted in death.

What vaccines are covered?

The **Vaccine Injury Table** makes it easier for some people to get compensation. The Table lists and explains injuries and conditions that are presumed to be caused by vaccines. It also lists time periods in which the first symptom of these injuries and conditions must occur after receiving the vaccine. If the first symptom of these injuries/conditions occurs within the listed time periods, it is presumed that the vaccine was the cause of the injury or condition unless another cause is found. For example, if a patient received the tetanus vaccine and had a severe allergic reaction (anaphylaxis) within 4 hours after receiving the vaccine, then it is presumed that the tetanus vaccine caused the injury, if no other cause is found.

If an injury or condition is not on the Table or if it did not occur within the time period on the Table, the petitioner must prove that the vaccine caused the injury or condition.

A copy of the Vaccine Injury Table is on the following page or can be found online at <https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/vaccine-injury-table.pdf>. A comprehensive explanation of terms used in the table accompanies the online version.

D How can a petition be filed?

To learn how to file a petition, see the VICP website at <https://www.hrsa.gov/vaccine-compensation/how-to-file/index.html>

For more information, visit the VICP website at <https://www.hrsa.gov/vaccine-compensation/index.html>

National Childhood Vaccine Injury Act: Vaccine Injury Table

This table, supplemented with definitions and other explanatory material, can be found on the National Vaccine Injury Compensation Program's website at <https://www.hrsa.gov/vaccinecompensation/vaccineinjurytable.pdf>.

| Vaccine | Illness, disability, injury or condition covered | Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration |
|--|--|--|
| I. Vaccines containing tetanus toxoid (e.g., DTaP, DTP, DT, Td, or TT) | A. Anaphylaxis | ≤4 hours |
| | B. Brachial Neuritis | 2-28 days (not less than 2 days and not more than 28 days) |
| | C. Shoulder Injury Related to Vaccine Administration | ≤48 hours |
| | D. Vasovagal syncope | ≤1 hour |
| II. Vaccines containing whole cell pertussis bacteria, extracted or partial cell pertussis bacteria, or specific pertussis antigen(s) (e.g., DTP, DTaP, P, DTP-Hib) | A. Anaphylaxis | ≤4 hours |
| | B. Encephalopathy or encephalitis | ≤72 hours |
| | C. Shoulder Injury Related to Vaccine Administration | ≤48 hours |
| | D. Vasovagal syncope | ≤1 hour |
| III. Vaccines containing measles, mumps, and rubella virus or any of its components (e.g., MMR, MM, MMRV) | A. Anaphylaxis | ≤4 hours |
| | B. Encephalopathy or encephalitis | 5-15 days (not less than 5 days and not more than 15 days) |
| | C. Shoulder Injury Related to Vaccine Administration | ≤48 hours |
| | D. Vasovagal syncope | ≤1 hour |
| IV. Vaccines containing rubella virus (e.g., MMR, MMRV) | A. Chronic arthritis | 7-42 days (not less than 7 days and not more than 42 days) |
| V. Vaccines containing measles virus (e.g., MMR, MM, MMRV) | A. Thrombocytopenic purpura | 7-30 days (not less than 7 days and not more than 30 days) |
| | B. Vaccine-Strain Measles Viral Infection in an immunodeficient recipient: <ul style="list-style-type: none"> • Vaccine-strain virus identified | Not applicable |
| | Vaccine-Strain Measles Viral Infection in an immunodeficient recipient: <ul style="list-style-type: none"> • If strain determination is not done or if laboratory testing is inconclusive | ≤12 months |

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| Vaccine | Illness, disability, injury or condition covered | Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration |
|---|--|--|
| VI. Vaccines containing polio live virus (OPV) | A. Paralytic Polio • in a non-immunodeficient recipient | ≤30 days |
| | Paralytic Polio • in an immunodeficient recipient | ≤6 months |
| | Paralytic Polio • in a vaccine associated community case | Not applicable |
| | B. Vaccine-Strain Polio Viral Infection • in a non-immunodeficient recipient | ≤30 days |
| | Vaccine-Strain Polio Viral Infection • in an immunodeficient recipient | ≤6 months |
| | Vaccine-Strain Polio Viral Infection • in a vaccine associated community case | Not applicable |
| VII. Vaccines containing polio inactivated virus (e.g., IPV) | A. Anaphylaxis | ≤4 hours |
| | B. Shoulder Injury Related to Vaccine Administration | ≤48 hours |
| | C. Vasovagal syncope | ≤1 hour |
| VIII. Hepatitis B vaccines | A. Anaphylaxis | ≤4 hours |
| | B. Shoulder Injury Related to Vaccine Administration | ≤48 hours |
| | C. Vasovagal syncope | ≤1 hour |
| IX. <i>Haemophilus influenzae</i> type b (Hib) vaccines | A. Shoulder Injury Related to Vaccine Administration | ≤48 hours |
| | B. Vasovagal syncope | ≤1 hour |
| X. Varicella vaccines | A. Anaphylaxis | ≤4 hours |
| | B. Disseminated varicella vaccine-strain viral disease: • Vaccine-strain virus identified | Not applicable |
| | Disseminated varicella vaccine-strain viral disease: • If strain determination is not done or if laboratory testing is inconclusive | 7-42 days (not less than 7 days and not more than 42 days) |
| | C. Varicella vaccine-strain viral reactivation | Not applicable |
| | D. Shoulder Injury Related to Vaccine Administration | ≤48 hours |
| | E. Vasovagal syncope | ≤1 hour |
| XI. Rotavirus vaccine | A. Intussusception | 1-21 days (not less than 1 day and not more than 21 days) |
| XII. Pneumococcal conjugate vaccines | A. Shoulder Injury Related to Vaccine Administration | ≤48 hours |
| | B. Vasovagal syncope | ≤1 hour |
| XIII. Hepatitis A vaccines | A. Shoulder Injury Related to Vaccine Administration | ≤48 hours |
| | B. Vasovagal syncope | ≤1 hour |

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| Vaccine | Illness, disability, injury or condition covered | Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration |
|---|--|--|
| XIV. Seasonal influenza vaccines | A. Anaphylaxis | ≤4 hours |
| | B. Shoulder Injury Related to Vaccine Administration | <48 hours |
| | C. Vasovagal syncope | ≤1 hour |
| | D. Guillain-Barré Syndrome | 3-42 days (not less than 3 days and not more than 42 days) |
| XV. Meningococcal vaccines | A. Anaphylaxis | ≤4 hours |
| | B. Shoulder Injury Related to Vaccine Administration | ≤48 hours |
| | C. Vasovagal syncope | ≤1 hour |
| XVI. Human papillomavirus (HPV) vaccines | A. Anaphylaxis | ≤4 hours |
| | B. Shoulder Injury Related to Vaccine Administration | ≤48 hours |
| | C. Vasovagal syncope | ≤1 hour |
| XVII. Any new vaccine recommended by the Centers for Disease Control and Prevention for routine administration to children, after publication by the Secretary of a notice of coverage | A. Shoulder Injury Related to Vaccine Administration | ≤48 hours |
| | B. Vasovagal syncope | ≤1 hour |

(Applies Only to Petitions for Compensation Filed under the National Vaccine Injury Compensation Program on or after March 21, 2017)

Last revised January 2021